

# THE MEDICAL AND SURGICAL REPORTER.

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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### AN ATTEMPT TO TREAT FISTULA IN ANO WITHOUT THE KNIFE.

BY WILLIAM READ, M. D.,  
Of Boston, Mass.

H. M. C., æt. 21. Patient comes of a family with strong tendency to tubercular disease, is of ordinary physical development, and, with the exception of a tendency to take cold, is as well as the average. Is pursuing his studies at the Institute of Technology, and subjected to severe and exhaustive mental exercises. Came down with typhoid fever October, 1869, and during its course an abscess showed itself between the anus and coccyx, which was opened twice, apparently healed up. In January, 1870, he called on me again. An examination was made, and I found that the abscess which I had opened had ended in a fistula. A probe passed in showed that the tract of the fistula was about an inch and a half deep, ran along under the skin outside the sacrum, and did not communicate with the rectum. I proposed to my patient to treat it without any cutting. The treatment began by injecting a solution of carbonate of potassa, of a strength of ten grains to an ounce of water. After a few days this was changed to carbolic acid of the same relative strength, then solution of permanganate of potass., and finally tincture of iodine, full strength. Later in the course of treatment, and when the depth of the fistula had diminished more than one-half, another abscess made its appearance below, extending down the raphe to near the scrotum. A counter opening was made at the lowest part,

and the injections continued. Under this treatment patient improved and made a good recovery. In May he went abroad, and reported the fistula as giving him no trouble.

CASE II.—Mrs. —, æt. about 50. Twenty years ago had a fistula, for which she was cut by the late Dr. Haywood, and for years experienced no trouble. Within five or six years past has been subject to sudden attacks of severe and agonizing pain at stool, which would last for a few days and then subside. On the 6th of January, 1873, the pain became so intolerable that patient decided to submit to an examination, which was accordingly made. A fistulous opening was found at the edge of the rectum, on the right side, and opposite this a fissure, which last had probably been the cause of the excessive pain. She was ordered a sitz bath of hot water at once, with emollient applications, preparatory to an operation.

Jan. 9th. Patient was etherized, and a thorough exploration made. The orifice of the fistula was hidden by a small fungous growth, beneath which there was a free discharge of pus. The probe passed in more than an inch, but did not enter the bowel. The fissure was deeply ulcerated, and extended some distance within the anus. The fissure was operated on in the usual way, by cutting down through the base to healthy tissue, a quantity of ung. resinæ passed within the rectum, and a wet compress applied externally. This treatment was pursued till the 18th, when patient reported herself entirely relieved of the excruciating pain which she had had so long every time she went to stool. On this day another examination was made, and the fissure was found to be entirely

healed. An injection (carb. potass., grs. x, water, 3j), was thrown into the fistula.

Jan. 20th. Injection repeated.

Jan. 22d. A great deal of trouble in finding the tract of the fistula. Injection repeated.

Jan. 24th. Injection repeated.

Jan. 27th. Fistula discharged freely. Little pain. Injection repeated.

Jan. 29th. Could not find the orifice of fistula.

Jan. 31st. Patient was etherized and a thorough examination made. Just at the edge of the sphincter another orifice was found, discharging pus, which, on being probed, proved to connect with the fistula first found, about an inch from its external orifice. Two ligatures were passed through and tied at their ends, forming a loose loop of about seven or eight inches. A quantity of ung. resinæ was applied by a suppository syringe, and a warm, wet compress placed over all.

Jan. 31st, P. M. Patient came out of the ether well. Feels very little pain or soreness about the ligatures.

Feb. 4th. Both orifices discharge pus freely. No trace of inflammation. A solution of potass. fus., 40 grs., water, 1 ounce, was made and thickened with flour, so as to prevent its effect extending beyond the locality intended; a small strip of cotton flannel smeared with it was then knotted into the ligature and drawn through the fistula, from the outside, so as to reach every part of its interior. On its withdrawal the ung. resinæ was applied as before, and patient was ordered into a hot sitz bath for twenty minutes.

Feb. 5th. Doing very well. Free discharge, from both orifices, of pus. Applied ung. res.

Feb. 9th. No change of treatment till to-day. Finding the bulkiness of the cotton flannel unnecessarily increased the difficulties of the operation, a few threads of linen were substituted, and the caustic paste reapplied, and then the suppository of ung. res.

Feb. 10th. Both orifices discharge considerable pus. Withdrew the ligatures and dressed with ung. res.

Feb. 11th. A small slough came away. Otherwise nothing noticeable. Dressed with ung. res.

Feb. 13th. Fistulas entirely closed. No pain or tenderness in the region where they were. Injected into the rectum a solution of tannin, 10 grs. to the ounce of water.

Feb. 16th. Patient continues well.

## THE SECULAR PRESS ON MEDICAL MATTERS.

BY T. D. CROTHERS, M. D.,  
Of Albany, N. Y.

Having access to the exchanges of a prominent daily journal, I have often been amused and astonished at the extent of ignorance of the commonest medical facts displayed by the American press, and the facility with which they admit to their columns the most ridiculous and impossible stories. A few instances may not be out of place:—

The poor unfortunates who are doomed to struggle down the line of this life with live snakes in their stomachs and bowels are not all dead yet. A Pittsburg paper has found a *simon puré* case, which is described in detail. The history is familiar, and the old story of drinking, and making a spring the tumbler, when a small snake is swallowed, and grows to great proportions, causing unheard-of suffering. But differing from many of this class, who are forced to swallow large quantities of liquor to keep the snake down, this poor man found milk and the juice of wintergreen an excellent remedy. His sufferings were many and fearful, like the boy described by Dickens, who swallowed the four and twenty marbles, causing such a rattling in his stomach as to alarm the neighborhood. So this poor fellow beat his breast and filled the air with his outcries when this serpent was excited. Finally the editor relieves the great sympathy created in the reader, by saying that an operation will be performed, laying open the stomach, and removing this reptile. It is needless almost to say that not a single instance is on record, authenticated, of any vertebrated animal living or growing in the stomach; nor any operation and removal of live snakes. The round worm occasionally vomited is not a sojourner there, for it is rejected, from the irritation which it creates. Why men should persist in believing such a physiological impossibility is difficult to understand.

A New York daily describes the attempt of a wealthy merchant to commit suicide, which failed, said the paper, because the windpipe was not cut. Another paper said the cause was that the jugular was not severed. Here is a double error, but yet in accordance with the received opinion on these points. Death does not necessarily follow a division of either, nor,

in fact, of both of these organs. There are several jugular veins, and from the external one blood is frequently drawn in bleeding. As to the windpipe, it is not uncommon to open it in croup, and for the removal of foreign bodies. A prominent lord in England studied the anatomy of the neck for months before he committed suicide, which he performed by opening the carotid with a penknife. The ignorance of these matters relating to the anatomy of the neck is the reason of so many failures in these private attempts to accommodate themselves and relieve their friends.

Then we come to the oft repeated story of cancer cures, and a paragraph gravely informs us that chloride of zinc has lately been discovered to cure all kinds of cancer, and hereafter the knife will never be used for this lesion again. This was no puff for a noted doctor, but a piece of news, supposed to indicate the great erudition of the editor. Alas for human expectations: this remedy has been known for many years, and its value tested long ago, and now it only lives in the practice of some daring quack.

A New York journal of literary reputation describes a scene at a station house, where a half murdered man was brought in with large knife wounds through his lungs and body. By staunching these wounds, and applying galvanism, he was so far resuscitated as to be able to relate the circumstances of his murder and describe the man who did the act. The journal says, "When the current of galvanism ceased he lapsed back into unconsciousness, and soon after died." Then follows some remarks on the value of galvanism in such cases. This story was taken up, and is now abroad, as a new phase of science. The merest tyro in medicine need not be told that this is a physical absurdity. To restore a man pierced with wounds and suffering from loss of blood is beyond the power of galvanism, which only acts on the physical organism as an excitant and irritant, to a certain degree.

Another learned editor displays much high-sounding rhetoric on the calm fortitude of an old divine who has had two attacks of apoplexy and is now grimly waiting for the third and fatal one; the old error repeated, of the third attack always being fatal. Observation will show that death may occur at any time, and the last may not always be the third attack.

Another item of news is going the rounds, about

a strong boy who has the power to reduce his breathing to only four times per minute. This is said to be very puzzling to the doctors, and medical men from abroad are inquiring about it. This power is not so remarkable when we consider that probably every second man, woman and child possess it. The circulation of the blood is beyond our control, but respiration is largely under the control of the will.

The living skeleton, who has been for years unable to eat, from some specific cause, such as the ingestion of some noxious remedy, or falling while talking or eating, appears again in a *Plattsburg* (N. Y.) paper. This time the patient has gone five years without eating or drinking, is cheerful, and believes this to be God's judgment on her for some sin in the past. No case of this kind has ever stood the test of examination, or been authenticated; and the medical world has yet to know the possibility of such continuance of life in violation of all physiological laws.

These are only some of the most prominent instances, gathered from less than a dozen leading papers. What better authority can we have of the unreliable character of medical news and criticisms from the daily press on matters pertaining to medicine. And yet there are physicians who must have the daily journal, if they never take a medical paper. All their stock of thoughts must come from this source, and what medical knowledge they can find in such instances as detailed above. Were it not for contact with their neighbors they would retrograde, and as it is, they are simply dragged along with the times. This is a prominent reason why the daily press are so ignorant, and have so little knowledge of anatomy, physiology, or pathology. If the profession everywhere will subscribe for the leading medical journals, making them foremost above the secular press, and also make them mediums of exchange, of experience and practical facts, we shall have less of this blundering science, and less quackery. If editors should find on the tables of their family physicians the prominent medical journals of the day, they would be stimulated to consult them oftener on the accuracy of migrating stories relating to medicine. As it is, far too many of the profession content themselves with some advertising chemical journal, which they keep in the back office, concealed from their patients, and have the leading dailies, with a popular illustrated monthly, on the table. This is a great mistake. No physician can do with less than

two leading medical journals, to the neglect of all other literature, if he would keep along with the progress of events. Nothing gives more respect and confidence to the patients than to find on the doctor's office table late medical periodicals. Literary and educated men, particularly, know the value of the daily literature in all departments, and if the physician exhibits no interest in medical news from medical journals, something is wrong. This is the opening door for error and quackery of all sorts.

### A CASE OF OBSTRUCTION OF THE BOWELS.

BY ALBERT DUNLAP, M. D.,  
Of Fort Smith, Arkansas.

I was called at 2 o'clock, A. M., on the 4th inst., to see Mr. Davis, aged sixty-seven, whom I found suffering from severe abdominal pains, of a colicky character, which had continued without intermission since the evening of the 2d, and had been accompanied during the fourteen hours preceding my visit by distressing paroxysms of vomiting. About an hour before I saw him, a quantity of matter, possessing a very decided fecal odor, had been ejected from the stomach, and had been retained for my personal inspection.

The following facts, bearing on the case, were obtained from the patient: He had been for years subject to habitual constipation, and had also had a reducible inguinal hernia, for which he usually wore a truss when up and exercising. Just before the commencement of his attack he had taken a long walk, neglecting the usual precaution of putting on his truss before starting. The abdominal pains began immediately after his supper, which he ate soon after his return home; and hoping to get some relief thereby, he attempted to force a discharge from the bowels, with the effect of producing a very small evacuation and no relief. On going to bed soon after, he discovered that his hernia was down, and attempted to reduce it by taxis, in which operation he had become an adept, under the stimulus of necessity. Having failed to reduce the hernia by the usual manipulations, he resorted to the expedient of elevating the hips and lower extremities until he had almost reached the perpendicular posture, when the tumor returned to the abdominal cavity. About twelve o'clock next day, the pain still continu-

ing, he took a dose of cathartic pills, soon after which the vomiting began.

*Present Condition.*—Exploration of the inguinal canal fails to detect any tenderness, or other evidence of an imperfectly reduced hernia; the pains in the bowels are referred to the upper umbilical and epigastric regions; there is but little tenderness anywhere in the alimentary tract, that can be detected by external pressure, and none at all of a circumscribed character, nor does palpation detect any tumor.

The question of obstruction of some character being well established, the chief object was to determine as to its nature and cause. My efforts in that direction were not so satisfactory, for while there was certainly an impediment, somewhere in the course of the alimentary canal, to the passage of its contents, there occurred to my mind four solutions of the problem, neither of which had sufficient evidence in its favor to establish absolute claims to correctness. Impacted feces, constricted by a returned hernial sac, twisting of a portion of intestine, and intussusception, might either one exist; and any one of these causes might produce all the symptoms manifested. Acting on the hypothesis of the most favorable solution (that of impacted feces), I injected warm water, in which a little salt was dissolved, freely into the bowels, by which, in a short time, two or three fecal discharges were obtained, followed by so much relief that I entertained some hope that my old friend's troubles were at an end. I directed the injection to be repeated in two hours, the patient to be kept quiet, and small quantities of chicken broth given, at intervals, the effects of which were to be closely watched.

1 P. M. I was sent for again, and found, on arrival, that the second enema had passed away unaccompanied by fecal matter, that soon after taking some chicken broth a sense of fullness, accompanied by torturing pains, began in the stomach and upper abdominal region, and soon after there was another paroxysm of fecal vomiting. My next procedure was to pump into the intestinal canal one and a half gallons of water, through a gum-elastic catheter, introduced its full length. The water passed off by several successive discharges, scarcely colored. Later in the afternoon, there being no mitigation of the symptoms, I requested a consultation with Dr. E. Duval, who agreed with me as to diagnosis and the inexpediency of a further resort to mechanical measures. The course adopted



was to keep the pain and peristaltic action of the bowels controlled by opiates, and to support the system by small quantities of brandy and milk, *per os*, and injections of beef tea. About 10 p. m. there was another paroxysm of fecal vomiting, which proved to be the last. On the next day, the treatment having been systematically kept up, there was a discharge of some fecal matter from the bowels. From this time until the morning of the third day, when the patient was considered sufficiently restored to need no further medical attendance, there was steady improvement; the opiates and brandy had been withdrawn by degrees, and larger quantities of milk given. Our instructions were to improve the diet gradually, and with the utmost caution. I will state in this connection, that a part of the treatment, which I omitted to mention in the proper place, was warm poultices kept constantly to the abdomen.

The points of interest in the above described case, according to my views, are the circumstances that tended to complicate the diagnosis, the unexpectedly favorable termination, and the obscurity that surrounds the means by which it was brought about. Of course, the hypothesis of an invaginated portion of intestine sloughing away, after adhesion had taken place, to prevent a hiatus in the bowel, is untenable, on account of the short time that had elapsed since the attack began, to say nothing of the lack of the more tangible evidence that would be likely to succeed such an event. By far the most satisfactory feature about the case is its happy termination.

## HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE—CLINIC  
OF PROFESSOR S. D. GROSS.

REPORTED BY T. H. FENTON.

SATURDAY, April 18, 1874.

**Fracture of the Thigh Bone in an Attempt to Break up the Adhesions in an Anchylosed Joint.**

John C—, *æt.* five and a half years. Last April this child fell out of bed and injured his left hip. He ceased walking shortly after, and has had severe pain from that time. There is no abscess, no swelling, and no discoloration. There are some remains of the gluteo-femoral crease still left, and the width of the nates is increased. There is false ankylosis of the knee. We may also find adhesions of a ligamentous character between the articular sur-

faces in the hip, or perhaps bony adhesions may exist. The limb is much wasted and the foot cold. An examination under chloroform shows false ankylosis at the hip, as well as at the knee. The articular surfaces are rough, the result of inflammation of the synovial membranes. The crural and femoral muscles are contracted, as are also the adductors. We find, however, the motion is increased under the anæsthetic. We straighten the knee first and the hip afterwards, using only so much force as is necessary to accomplish our purpose. To relieve the knee, we keep the thigh as immovable as possible, by pressing it upon the bed, with the leg hanging over on one side, and then successively extending and flexing the leg on the thigh. We have obtained in this joint a very good result. I shall now move the hip in a similar manner, flexing the thigh on the pelvis. You observe it requires some force. I have succeeded, but not without an accident, which I shall speak of on Wednesday next.

WEDNESDAY, April 22, 1874.

GENTLEMEN:—During the operation upon the little boy suffering from ankylosis, many of you no doubt heard a loud snap. It did not arise from the breaking of the adhesions, but from the shaft of the thigh bone giving way a short distance above its middle. In connection with this case, allow me to make a few remarks in reference to the fragility of bones.

Fragility of bones, leading to fractures under slight muscular effort or very moderate external violence, may arise from various and very opposite causes, as chronic inflammation, atrophy or wasting of the osseous tissue, malignant disease, caries, necrosis, scurvy, general paralysis, and the action of the syphilitic poison. When the osseous tissue is at all seriously affected by any of these causes, the slightest injury may be sufficient to break it. To designate a fracture thus induced, the term spontaneous is often employed. I recollect the case of a young man, who, while laboring under tertiary syphilis, broke his right humerus nearly at the middle by throwing a chip of wood at a dog. I have met with two cases, both in elderly men, in which the femur gave way at its shaft in pulling off the boot, while the leg was lying across the opposite knee. Last autumn I saw, along with Dr. Warder, an elderly female whose thigh bone separated at its superior third, in stepping across the floor; and I am now attending, in consultation with Dr. Hutchinson, one of the physicians of the Pennsylvania Hospital, a lady, upward of seventy years of age, who broke both tibia and fibula at the ankle joint in a similar manner, as she was walking over the floor of her chamber. In neither of these cases were the toes caught in a fold of the carpet. In the first, the bone had been destroyed by chronic inflammation, eroding the compact as well as the areolar tissue; in the latter, the osseous tissue had doubtless become brittle, from the effects of advancing age. In old people the thigh bone often gives way at its neck, within the cap-

sular ligament, from the slightest causes, as turning in or slipping out of bed, falling upon the hip, striking the foot against a fold of the carpet, or stepping heedlessly over the curbstone. An old lady, upward of seventy years of age, from whom I had removed the mammary gland nine months previously, on account of scirrhus disease, fractured her femur a few days before death, simply in an attempt to change her posture in bed. The dissection revealed the existence of carcinoma in the bony structure at the seat of the fracture.

Chronic inflammation of bone, the result of disease of a neighboring joint, or of protracted disuse, as in ankylosis of the hip, knee, or elbow joint, often so materially weakens the osseous tissue as to cause it to give way under comparatively slight force. I have met with some curious mishaps of this kind, not always of the most pleasant character. Many years ago a lady, upward of seventy years of age, a patient of the late Dr. John Bell, of this city, came under my care, on account of a neglected dislocation of the elbow joint, of about three months' duration. With the aid of chloroform I made the usual efforts at reduction; presently a loud snap was heard, and I found that the olecranon process had given way. Last summer, while attempting to straighten, for a youth of seventeen, a crooked leg, rendered so by caries of the tibia, partial ankylosis of the knee, and contraction of the hamstring muscles, the thigh bone gave way at its lower epiphysis. In the case of a man, forty-eight years of age, whom I saw about twelve years ago with Professor Pancoast, the femur gave way at its neck, within the capsular ligament, in an attempt to reduce a dislocation of that bone upon the ilium of three months' standing. In the case of the little boy, five and a half years old, whose thigh bone I accidentally broke the other day, in an effort to straighten the limb, the osseous tissue must have been softened by chronic inflammation, extending from the hip joint, which emitted a very marked noise, from the effects of old adhesions and the destruction of the synovial membrane. The muscles of the thigh, which had for a long time been flexed at a right angle with the pelvis, were very rigid; and, although the force which I employed was not beyond the average amount used under such circumstances, the bone gave way with a loud, sharp crack, breaking a short distance above its middle. The limb, as you noticed, was immediately put up in "glass dressing," and the case has been progressing favorably ever since, the leg and thigh bone being in a perfectly straight line, maintained in position by adhesive strips, a pulley, and weights.

I have met with three cases of fracture of the humerus, in stout, robust young men, produced by muscular action in feats of strength, the hands of the parties being interlocked, and the elbows firmly pressed upon a hard plane surface. The celebrated tenor, Rubini, while singing in the opera of "Il Talimæno," at Milan, broke his clavicle in a powerful effort to

raise his voice. Both the acromion process and the neck of the scapula have been fractured by muscular contraction, an instance of the former having been reported by Mr. Phillips, and of the latter by Mr. May. A rib has occasionally given way in the act of coughing, sneezing, or slipping. Some years ago I saw a case along with the late Dr. Rohrer, in which a stout, athletic man, in a fall from a shed, fractured his sternum, through the inordinate action of the sterno-cleido-mastoid muscles. I know of several cases in which the thigh bone was broken at its shaft, in apparently sound healthy men, while engaged in playing at a game of ninepins.

The facts now detailed are of great practical interest, as showing how easy it is for a surgeon, even with the greatest care, to break a bone rendered brittle by disease or disuse, in the attempt to straighten limbs, or to tear up the adhesions of an ankylosed joint. Such accidents, however, cannot always be regarded as unfortunate. In the case under your observation the other day, the distortion has been completely relieved. The child is sure to make a good recovery. In irreducible luxations of the elbow joint, the surgeon occasionally makes a good limb by a forcible fracture of the olecranon process; and in the case of irreducible dislocation of the femur, previously alluded to as having been under the joint care of Professor Pancoast and myself, the accidental severance of the neck of that bone was followed by a very excellent use of the extremity; the man being able to move his thigh freely in every direction.

*To be Continued.*

## MEDICAL SOCIETIES.

### NEW YORK PATHOLOGICAL SOCIETY. STATED MEETING, April 22, 1874.

DR. HERMAN KNAPP, PRESIDENT.

#### Scirrhus of Breast.

Dr. — presented a specimen for a candidate. The patient was fifty-six years of age, married, and had two children grown up. There was no history of cancer, syphilis, or phthisis in her parents. But her brother died of cancer of the stomach, at the age of fifty years. Seven years ago she reached the change of life, but gave no history, before or after, of uterine trouble. One year and a half ago she noticed a lump, the size of a hickory nut, in her breast, and her attention was mainly directed to it on account of the pressure of her corsets. This increased in size up to the time of operation, when it measured five inches one way by four the other. At one point the skin was involved, and the glands of the axilla were much enlarged. The operation was performed without any trouble, the infected glands being removed at the same time. The tumor itself weighed four and a half ounces, and when submitted to microscopical examina-

tion gave evidences of scirrhus. The glands of the axilla yielded the same appearances.

#### Lumbo-Colotomy.

Dr. H. B. Sands. I was called out of town on the 12th of March, to see a woman, aged forty-five, who, for four weeks, had suffered from constipation; cathartics proved of no service to her, though they caused vomiting, which was absent at other times. The abdomen was very much distended, but it was difficult to say in how much it was due to feces. I introduced my left hand, it being the smaller, as far up as the sigmoid flexure. I was prevented from going any further, from the size of my forearm. At this examination I discovered feces, and was of the opinion that the obstruction was in the small intestines. Two weeks after I made another examination, and this time I used my right hand, but was still unable to detect any obstruction. During the six weeks previous to this the constipation was absolute. It was then decided to perform lumbo-colotomy. Amussat's method was employed, and the operation completed without difficulty. But the patient died next day, of shock.

At the autopsy there was no sign of peritonitis. The caput coli was very much distended, so much so, indeed, as to rupture the peritoneal covering; the other tissues, however, were not perforated. The obstruction was found to be about fifteen inches from the anus, and although I did not touch it, I must have been exceedingly close to it. This structure was found to consist of a sarcomatous growth occupying the posterior part of the circumference. The anterior fold is doubled on itself. The rectum shows a rupture of the muscular coat, eight inches from the anus, due in all probability to the examination by the introduction of the hand. The specimen also shows a rupture occurring post-mortem, caused by the endeavor to introduce the point of the finger into the stricture. There are some points of interest to consider in this case, and one is, that, according to the rule governing intestinal obstructions, we should look for the cause of acute obstruction in the small intestine, and of chronic in the large intestines. That was not true in this case. There was also another point brought out by the examination with the hand in the sigmoid flexure, and that was, that when the fingers were carried outward to the side of the abdomen, the site of the colon could be easily made out, and in this way the search for the colon was unattended with any difficulty.

Dr. Janeway stated that in a case of death where an autopsy was not allowable, the kidneys and a part of the liver were removed by the anus without very much difficulty. He also mentioned a case where a stricture of the intestines existed, from a previous dysentery, and where there was such a thinning of the intestinal wall that the introduction of the hand would have been very liable to have led to rupture.

Dr. Erskine Mason presented a specimen of colon and rectum, upon whom he had operated

a short time previously. This man was about thirty years of age, and a car driver by occupation. Four years and a half ago he contracted a diarrhoea, which continued off and on till his death. For three years he has been under my observation. When I first saw him the stricture was about three inches above the anus, and was treated at that time by dilatation with a bougie. This patient latterly was in the medical wards of Charity Hospital, suffering from a cough. He was very anxious to have the operation performed, on account of severe abdominal pain from which he suffered. The abdomen was very much distended, and upon auscultation there was dullness; this was thought to be due to feces. On the fourteenth of March I operated on him. The intestines were immovable from old peritoneal adhesions, but there was no trouble followed the operation. Seventy-eight days after the operation, he died of exhaustion, from the disease of his lungs. At the autopsy the lungs showed advanced phthisis. The colon was distended with gas, and its coats were five lines thick. Extensive adhesions were discovered binding the intestine down. The small intestine was contracted.

#### Colloid Disease of the Gall Bladder Opening into the Intestines.

Dr. E. G. Janeway presented a specimen of colloid disease of the gall bladder, with the following history: The woman was about forty years of age, and entered Bellevue Hospital in March. Six months ago she noticed a tumor, the size of an egg, situated in the region of the liver anteriorly. This increased in size, and attained its maximum five months after noticing it. It was then about the size of a cocoon. During the past month it decreased, till she died. This took place recently. The patient ceased menstruating years ago. At the autopsy a tumor was discovered, which was called disease of the gall bladder. The liver was secondarily affected. This opened into the duodenum and colon. The sac was filled with feces. In the lungs nodules of colloid cancer were discovered. The occurrence of colloid in the gall bladder, as the starting point, is a matter of great rarity, and were it suspected the diagnosis might have been assured by an examination of the feces for colloid matter. The case was not attended by ascites or jaundice, inasmuch as pressure was not made on the bile ducts or vessels.

#### Dilated Vermiform Appendix.

Dr. Janeway also presented a specimen of dilated vermiform appendix. This was about the size of an ordinary length of sausage. It was obtained from the dissecting room, so no history could be obtained. Dr. Janeway explained that this condition was caused by closure of the opening of the appendix, and the mucus being continually secreted, a dilatation results. The specimen had not been opened, but Dr. Janeway explained that he had seen another specimen, the size of a child's head, and contents consisted of mucus and epithelium.

**Fistula of Fallopian Tubes Communicating with the Colon.**

Dr. Janeway also presented another dissecting-room specimen, in which the fallopian tubes were bound down over the uterus, and communicated with the sigmoid flexure, by means of a fistula.

**Fibro-Plastic Tumor Occurring on the Thigh.**

Dr. Briddon presented a tumor which he had removed recently from a patient. It developed on the thigh, and was made up of alveoli, containing a greenish matter. Under the microscope it was found to be made up of connective tissue and a few cells. Dr. Briddon was of the opinion that it was of the fibro-plastic variety.

**Atheroma, with Extravasation at Base of Brain.**

Dr. Leale presented a brain, with the following history: In 1864 had an attack of sunstroke. Last September had an attack of left facial paralysis. On last Saturday morning had a convulsion, when the right side was partially paralyzed. An examination of urine showed it to nearly solidify by heat. The convulsions came on every fifteen minutes till he died.

**Brain.**—The membranes were adherent. On the left side, in the Sylvian fissure, was a clot. The middle cerebral artery was occluded by atheromatous deposit. Near the beginning of the middle cerebral was a fissure in the artery which caused the extravasation. The heart weighed seventeen ounces and one drachm; brain, fifty-four ounces.

**Fatty Placenta.**

Dr. Leale also presented a fatty placenta. There was no satisfactory history connected with it. The husband of the patient had signs of syphilis, and this placenta had not arrived at its full term.

**WEST VIRGINIA STATE MEDICAL SOCIETY.**

The seventh annual session of the Medical Society of the State of West Virginia convened in Morgantown, W. Va., on Wednesday, May 27th, 1874, at half-past two o'clock, P. M.

The session was called to order by Dr. M. S. Hall, the President, of Harrisville, who delivered the annual address. It was elaborate and eloquent, and was ordered to be published.

Dr. R. W. Hazlett, of Wheeling, chairman of the Committee on Necrology, made a brief biographical sketch of the late Dr. H. J. Wiesel. Referred to the Committee on Publication.

Dr. Wesley H. Sharp, of Volcano, read a lengthy report on new remedies, which was referred to Committee on Publication.

Dr. E. A. Hildreth, of Wheeling, reported on the Medical Botany of West Virginia, which was referred to the same committee.

Dr. J. M. Lazzell spoke at length of the therapeutic uses of Bay Berry, but especially as to its remedial effects in scrofula.

Dr. Isaac C. Berry presented his completed essay on "The Mind Kills the Body."

Dr. H. W. Brock reported several cases of strangulated hernia. Both referred.

Dr. John Frissell, of Wheeling, in a lengthy paper, reported cases occurring in his practice, including morbid growths or structures malignant in character, detailing the diagnosis and treatment of some of the most important of this character.

Dr. J. C. Hupp exhibited a shawl pin, over two inches in length, with a large globular glass head, which had been accidentally swallowed by a child six months old, and said, what is most remarkable in this case is the length of time (three weeks) that elapsed before the pin was passed. Referred.

Dr. R. W. Hazlett read an exhaustive paper on the Chemical Properties of Wine and its diagnostic value in the treatment of disease. Referred for publication.

Dr. S. B. Stidger, of Cameron, reported a very interesting case of colloid cancer of the breast, which was sent for publication.

Dr. J. C. Hupp reported a case of ruptured womb.

Dr. H. N. Mackey, of Morgantown, read an elaborate paper on nerves and their pathology, which was ordered published in their transactions.

Dr. H. W. Brock reported a case of phymosis.

**OFFICERS ELECTED.**

*President.*—Dr. M. Campbell, Parkersburg.

*1st Vice President.*—Dr. W. H. Sharp, Volcano.

*2d Vice President.*—Dr. M. F. Hullihen, Wheeling.

*3d Vice President.*—Dr. W. F. Van Kirk, Newburg.

*Secretary.*—Dr. Wm. M. Dent, Newburg.

*Treasurer.*—Dr. J. C. Hupp, Wheeling.

Next place of meeting, Point Pleasant, first Wednesday of June, 1875, at 2 o'clock, P. M.

**THE GREENE COUNTY (INDIANA), MEDICAL SOCIETY.**

This Society met at Broomfield, May 15th. President Cravens in the chair. The President stated that the object of the meeting was to reorganize and appoint delegates to the State Medical Society.

Dr. Lomak's resolution instructing the various counties to organize subordinate societies to the State Medical Society was adopted.

It was moved to adopt the constitution and by-laws as offered by the State Medical Society, and organize as auxiliary to said Medical Society.

The election of officers for the years 1874, 1875, resulted as follows:—

*President.*—W. C. Smydth, M. D.

*Secretary.*—P. L. Brouillette, M. D.

*Treasurer.*—S. C. Cravens, M. D.

*Board of Censors.*—Drs. Gray, Hilburn and Cravens.

Dr. Smydth read an essay on blood-letting.

Adjourned to meet in Bloomfield, June 19th, 1874. P. L. BROUILLETTE, M. D., Secretary.



## EDITORIAL DEPARTMENT.

## PERISCOPE.

**Bromide of Ammonium in Excessive Menses.**

The following suggestions are by Dr. J. K. Black, of Newark, Ohio, in the Cincinnati *Lancet and Observer* :—

The rational mode of controlling certain excesses of the catamenia should be by aiming to remove the conditions upon which these excesses depend. Sometimes this may be from a mere atony or relaxation of the vessels, sequelæ of inflammation or ulceration, or from an abnormal condition of the blood itself, but more frequently is a too frequent or an excessive flow of the menses due, especially in its inception, to a too great excitation of the vaso-motor nerves. Whenever this is the case, there is no remedy at all comparable with the bromide of ammonium in controlling the morbid condition. When, without any other obvious causes, the blood being properly organized, the uterine surface not in a state of chronic inflammation or ulceration, there is a too frequent or redundant flow of the menses, either fault will readily yield to the proper administration of this remedy. It appears to act by a direct influence upon the vaso-motor nerves of the generative system, whereby excitement and blood determination are lowered and lessened, and so tend at once to the establishment of the normal standard.

I have so often tested the efficacy of this preparation in non-structural catamenial excesses, that I can speak with confidence of its remarkable powers. No more certainly do I anticipate the arrest of an attack of ague by the administration of quinine than do I anticipate the control of the forms of catamenial excess to which I have referred by the proper administration of the bromide of ammonium.

The other day I visited a young, unmarried lady, who had, for years, been subject to protracted and excessive, though regular catamenial flows. Of late she had displayed serious indications of tubercular disease of the lungs, and, in treating her for this my attention was drawn to the old and exhaustive monthly flows. I am not aware that this excess had ever been mentioned to a previous medical attendant, or that any attempt had ever been made to control it. As the flow usually lasted from a week to ten days, and was quite profuse, it appeared very desirable that its duration and amount should be curtailed, in order to preserve the system, under its new danger, against such a source of exhaustion. Accordingly she was put under the bromide, as follows :—

R. Bromid. ammon., ʒj.  
Syr. aurantii,  
Aque, aa ʒiij. M.

Sig.—A teaspoonful before tea and at bed-

time, commencing ten days before expected period, and continue through it.

Under this treatment, her mother informed me that she had been a great deal better during the last two periods than had been the case for years.

In the administration of the remedy, an essential rule is, that its use shall precede the expected period by at least ten days. Its administration only during the crisis will do very little, if any good. The sedative influence of the remedy must precede and accompany the stage of ovarian and uterine vascular engorgement, which itself preceded the flow by several days.

Some writers have spoken quite favorably of the remedy in dysmenorrhea and menorrhagia, administered in the usual manner; that is, during the crisis only. Having been frequently called to see cases of these disorders during their progress, I have failed to observe any very satisfactory evidence of its controlling power while administered only during the emergency. But when administered according to the above directions, it has not only, almost without exception, lessened a regular monthly excess, but it has, in appropriate cases, in quite a number of instances which I can recall to memory, changed a two-week into a four-week crisis.

**On Gurjun Oil in Skin Diseases.**

At a late meeting of the Medical Society of London, Professor Erasmus Wilson showed some of this new remedy, and stated that this material, which was also called "wood oil," was an oleo-resin, obtained from several species of the *Dipterocarpus*, an immense tree growing on the Malayan coast of the Bay of Bengal, where it was so common as to be used instead of paint, for houses and ships. About twenty years ago this oil was introduced into England as a substitute for copaiba balsam, and was reported to have the same medicinal properties. Opinion was, however, divided on this point, and the gurjun oil did not succeed in securing a place in the Pharmacopœia. In March, 1873, Dr. Dougall, of the Indian Medical Service, took charge of the convict establishment of the Andaman Islands, when he found twenty-four of the prisoners suffering from leprosy. He was deeply impressed with the misery of these poor people, and realizing the impracticability of availing himself of all known methods of treatment, he hit upon the idea of trying the gurjun oil, both as an internal and external remedy, and determined upon giving it a six months' trial. He closed the experiment in November, by a report, which was kindly placed in Mr. Wilson's hands by Sir Ranald Martin, and used in his lectures before the College of Surgeons. Dr. Dougall's

method was to have the patients washed thoroughly in a neighboring stream, using dry earth instead of soap. They were then made to rub themselves for two hours with a liniment composed of gurjun oil and lime-water, one part to three, and to swallow 3ij of the balsam, also combined with lime-water. After this they had their breakfast, and were set to any work they were capable of doing. In the evening the same process was repeated, except the washing. The effects of this treatment, at the end of six months, were marvelous. Neuralgic pains were allayed, sensibility was restored to the anæsthetic skin, tubercles subsided, and ulcers healed. Dr. Dougall was astonished at the energy of these formerly helpless ones. Mr. Erasmus Wilson remarked that he had used a liniment composed of equal parts of the gurjun oil and lime-water, in cases of painful eczema, in lupus, and in cancer, with very encouraging results, and stated that Mr. Hancock had applied it in a case of cancer of the skin, with the effect of dispersing tubercles and healing ulcerations; but its most useful property was that of relieving pain. A lady in constant pain from cancer of the integument, who had been unable to sleep without narcotics for weeks, was relieved of all suffering, and enabled to sleep, by means of this liniment. Mr. Wilson suggested that this very simple remedy deserved a trial at the hands of the profession, and believed that it would be found a valuable agent of cure in many affections where the skin was painfully attacked.

#### Cases of Senile Galactorrhœa.

The *London Medical Record* quotes some cases reported by Dr. Luigi Casa:—

The first case was that of a woman, G. M., aged sixty-five, in whom the galactorrhœa appeared without any previous indication of disease. Her parents had been healthy, and had lived to a great age, and she had not had any disease of importance. She had had seven healthy confinements, and ceased to menstruate at the age of fifty-five, for three or four years, after which she felt quite well. When she was about sixty years old the breasts began to swell; this continued for some months, and, as she said, was greater, and was attended with increased pain, at the full moon. There was no other drainage. The flow of milk then ceased for about two years, until the beginning of 1868, when Dr. Casa was called to see her. On examination, he found the breasts much enlarged, measuring about ten inches from the ribs to the point of the nipple. On gentle pressure a fluid escaped, which presented no difference in appearance from milk. Notwithstanding her age, she felt considerable venereal excitement; she had also pruritus of the genitals, which, however, was not very troublesome. She had lost her appetite, and was always slightly constipated. Dr. Casa could not, on careful examination, find any disease of the external or of the internal genital organs. He gave her Bonjean's

ergotin, and in a few months the lacteal discharge and all signs of mammary engorgement disappeared. She died in the same year, of typhoid fever, following double pleuro-pneumonia.

The second case was that of a woman, aged about fifty, in whom the catamenia had ceased for some years, and who died of uterine cancer about two years ago. Her mother had died of the same disease at a very early age. Early in 1871, the woman, while consulting Dr. Casa on account of the uterine disease, showed him her breasts; they were enlarged, and in the course of a few weeks there was a discharge of a fluid presenting the characters of milk, but rather denser, and of a greenish color.

#### Foreign Bodies in the Female Urethra.

In the *Transactions of the Medical Society of the District of Columbia*, Dr. J. H. Thompson related the history of a woman admitted into Columbia Hospital, who he supposed to have been addicted to the habit of masturbation, but she denied the charge and left the hospital. She was subsequently re-admitted with symptoms of urinary calculus, and examination with the sound revealed a foreign body in the bladder, which was removed by the creation of a vesicovaginal fistula, and proved to be the handle of a crochet needle, thus sustaining the original diagnosis.

Dr. Thomas Miller referred to a similar case, occurring many years ago, where the supposed calculus was extracted through a dilated urethra, and proved to be the handle of an old fashioned silver pencil case.

Dr. Bussey stated that six cases had been reported in which the horse shoe pessary had been introduced into the urethra instead of the vagina, and that Dr. Storer had removed two of them by an operation.

#### Bromide of Sodium.

The *Druggists' Circular*, in a recent issue, says of this drug:—

Very little is said about this salt, in all the works on chemistry we have been able to consult. The new *Pharmacopœia*, it is remarked, makes no mention of it, but this omission shows not that the salt has little merit, but that it is seldom employed. The mission of a *Pharmacopœia* is simply to consecrate or register well-known formulas, not to introduce new remedies. Bromide of sodium is, as its name indicates, a compound of bromine and sodium. It is a permanent, colorless, and anhydrous salt. Its physical appearance is somewhat different from that of the bromide of potassium, and its taste quite distinct from that of the potassium compound. All the samples of bromide of sodium we have seen were in small crystals, looking very much like table-salt, and tasting exactly like this last named compound; they are, however, quite hygrometric. Bromide of potassium, as you know, is generally

made in crystals of the size of those of iodide of potassium, and has a distinctly acrid taste. Of course, by some manipulations, bromide of potassium might be obtained in small, and bromide of sodium in large crystals, but the difference in taste is very marked. Indeed, the resemblance of the bromide of sodium to the ordinary table-salt, in that respect, is so great, that both could be mixed together and used to season food without awakening the suspicions of one person in ten. Outside of this preliminary examination the usual chemical tests will distinguish with certainty the potassium from the sodium-salt. To cite only the simplest method, if an excess of tartaric acid be added to a moderately concentrated solution of bromide of potassium, there will be formed, after some hours, a granular precipitate; while the solution of the sodium compound will not, under the same circumstances, undergo any change. Bromide of sodium, besides, should answer all the tests of purity given by the Pharmacopœia for bromide of potassium, with the exception of the quantity of nitrate of silver necessary for complete precipitation.

#### Reduction of Femoral Dislocation by Reid's Method.

Dr. James Wier describes the following case in the *Canada Lancet*:—

I was called to see Charles Dawson, æt. twenty-eight years. He presented the following symptoms: Face and lips pale and exsanguinated; an unnatural prominence on the right dorsum ilii; an obvious shortening of the right leg; the foot strongly inverted; the toes pointing to the instep of the left foot; the limb very much adducted, with the knee resting on the inner and under side of the opposite thigh. There was dyspnoea, and the act of respiration caused a good deal of pain. There were also contused wounds on the back of the head, nose, right shoulder and arm. Any movement of the body, or even a jar, caused him considerable amount of pain.

After examining him as minutely as possible under the circumstances, I put him under the influence of opium, had him placed on a bed in a steel-springed wagon, and removed home, where I placed him on the floor, and put him under the influence of chloroform. On removing his clothes I could diagnose with certainty a luxation of the head of the femur, upward and backward, on the dorsum of the ilium, the head of the femur resting just behind the anterior inferior spinous process. I immediately proceeded to reduce the luxation, adopting Reid's plan: *solely by manipulation*.

The patient lying on his back on the house floor, I took my stand on the injured side, and seized the ankle with one hand and the knee with the other. I then flexed the leg on the thigh; and strongly adducting it, I carried it over the sound one, and at the same time upward over the pelvis, by a semicircular sweep, as high as the umbilicus. Then, abducting the

knee gently, turning the toes outward, the heel inward, and the foot across the opposite limb, making *gentle oscillations of the thigh*, the head of the bone slipped into its socket with an audible snap, and the whole limb slid easily down into its natural position beside the sound one. These manipulations were performed in a much less time than I have been describing them. After the operation I tied the legs together, placed a firm bandage round the chest, so as in a measure to restrain its movements.

#### Alcohol on the Nervous System.

Dr. J. G. Thornley, M.D., writes to the *Medical Press and Circular*:—

A. L., a married woman, æt. forty years, has been of intemperate habits for a number of years past. On Saturday evening, January 31st, she drank a large quantity of alcoholic liquor, and on the following Sunday morning I was called to see her, when I found her in a state of coma, with slightly stertorous breathing and contracted pupils; the power of deglutition was completely abolished; sensation and volition were in abeyance, loud speaking and pinching the skin having no effect in rousing her. During the state of coma, and especially when that state was wearing off, she was affected at short intervals with fits of an epileptiform character, which consisted of clonic spasmodic movements of the arms and legs, while the tongue was slightly bitten on one or two of these occasions. Cataplasms of mustard were applied to the calves of the legs and over the region of the heart. In the course of a few hours the clonic movements ceased, and consciousness gradually returned. This improvement went on slowly for twelve days, during which time the pulse was quick, 120, the temperature generally ranging from 98.5° to 100.5° F., the tongue furred and the bowels constipated. At the end of the twelfth day, I found the patient lying in a dull, listless state, not wishing to be disturbed. Although mustard was applied externally, and stimulants given internally, this state increased until symptoms of compression of the brain were evident, viz., the pupil dilated, the eye half-closed, showing the insensibility of the retina, breathing stertorous, pulse slow, 64, and as the left arm and leg lay perfectly still, while occasionally there were movements of the right leg, and picking at the bed-clothes with the right hand, I suspected that there was hemiplegia of the left side. A blister was now applied to the nape of the neck, and kept on for ten hours, and a stimulating enema was administered, and after the patient had remained in a state of unconsciousness for two days, during which time the power of deglutition was lost, recovery commenced and progressed until it was perfect. As recovery progressed, the power of the left leg and arm gradually returned.

I am of opinion that the first symptoms in this attack, viz., coma and epileptiform fits, were due to the immediate toxic effects of the alcohol, and that the relapse during the course

of the affection was due to compression of the brain by serous effusion, probably owing to the effects of alcohol on an already weakened and partially disorganized nervous system.

That alcohol acts in a primarily injurious manner upon the nervous system is an established fact, as post-mortem examinations upon the bodies of known drunkards revealed morbid changes in the brain in 92 per cent., and upon one occasion, when Dr. Aitkin, of Netley, had an opportunity of making a post-mortem examination on the body of a known drunkard, he found in the sub-arachnoidean serum 2.6 per cent. by volume, and 2.1 per cent. by weight, of alcohol.

#### Local Use of Chloral.

In the *Atlanta Medical and Surgical Journal* Dr. E. M. Nolan gives this case:—

A few months ago a lady at her catamenial period requested relief from a very distressing and painful headache. I dissolved fifteen or twenty grains of chloral in very little water, and with the tip of one finger rubbed it upon one of her temples until she could very sensibly feel the burning, and until the skin was reddened. The part rubbed was not larger than a silver dollar, but when I ceased the pain was entirely relieved and remained so. I have used it in this manner many times since, in ordinary nervous headache, and have never been disappointed, save one time, and then the patient was partially relieved. I sometimes rub one temple, and sometimes both, according to the effect desired. There is no inconvenience from the application. The surface turns slightly red, and feels a little sore upon being touched, for two or three days. There is a slight desquamation of the epidermis, and soon there is no sign left of the application.

#### Vegetable Remedies in Syphilis.

For many years after the discovery of America guaiacum enjoyed an extensive renown as an anti-syphilitic. Lately it has been revived by Dr. A. McBride, in a letter addressed to the *Cincinnati Lancet and Observer*. He has had large experience with it, and he thinks the chief reason it has fallen into desuetude is that it is so hard to get into the stomach in sufficient doses. In the case of the decoction large doses require to be taken for months. But this is not so bad as the tincture; for however made up, it is repulsive, and soon becomes intolerable. It should then be made up into pills, which will be taken readily enough; but the success of the pills depends upon how they are made. Alcohol is the only proper excipient. The resin should be powdered, and ligneous and cortical impurities be sifted out; the mortar, pestle, and pill-machine should be warm, and a very little alcohol added; it can then be made up quickly into pills, which will keep well. Of these about a dozen can be taken daily, and they answer well for secondary and tertiary manifestations (especially cutaneous) of syphilis.

In the *American Practitioner* Dr. C. C. Graham suggests another vegetable remedy. He writes:—

I desire to make known to the medical public a discovery I made many years ago, of a vegetable cure for syphilis. This is a tincture of *datura stramonium* and *phytolacca decandra*. Of the best proportions of the ingredients I am not now able to speak with confidence, but my recollection is that I made the tincture of one ounce of the stramonium-seed and half a pound of the poke-root to two quarts of common whiskey. I am sure I have, in the last fifty years, treated by this tincture twenty cases of syphilis, many of them of the worst form, with perfect success. It is proper to add that I got the hint of poke-root as a remedy in the disease as long ago as 1815, when I was a pupil in Dr. B. W. Dudley's office, at Lexington, where I saw it given successfully in the case of a negro man.

#### The Relation of the Vomiting of Pregnancy to the Quantity of the Liquor Amnii.

Mr. Donovan communicated to the Obstetrical Society of Edinburgh the following case:—

Some months ago I was consulted by a lady who was about six months pregnant, and who, almost from the date of conception, had suffered so severely from sickness of the stomach that her life was a burden to her. She had not been able to retain food of any sort for more than half an hour; in fact, it was no sooner down than it was up again. I ordered her a mixture containing bismuth and hydrocyanic acid, which, when taken before eating, enabled her to retain her food for about two hours. This state of things continued up to the time of her confinement, in which I attended her. When I saw her she was twelve hours in labor. On making an examination, I found the os very slightly dilated, the head presenting, but no trace of the usual bag of liquor amnii. On asking the nurse when the waters had come away, she told me there had been no discharge at all. Certainly there was no sign of water or other loss on the bed clothes. The os uteri showing a tendency to rigidity, I recommended the patient to inhale a small quantity of chloroform, which she refused. She, however, took some warm beef-tea, which she threw up, and in a short time the os relaxed. The first stage of labor had continued eighteen hours. In two hours from the time the os uteri commenced to relax, the patient was delivered of a healthy, fully-developed child, without the loss of more than an ounce of fluid, which appeared more like mucilage than liquor amnii.

The inference I have drawn from this case is, that the distressing symptoms during pregnancy were caused by the almost total absence of liquor amnii, allowing the fetus to come in direct contact (during movement) with hypogastric and other ganglia of the sympathetic nerve situated in the neighborhood of the uterus.



## REVIEWS AND BOOK NOTICES.

## BOOK NOTICES.

**An Essay on the Climatic Fevers of the South-western, Southern, Atlantic, and Gulf States.**  
By JAMES C. HARRIS, M. D., of Wetumpka, Ala. Charleston, S. C. pp. 103.

Next to the study of the causes of epidemic diseases ranks the investigation into the origin of endemic maladies, especially those which arise from that mysterious something which we are accustomed to call *malaria*. What this is has been the inquiry of the author of this pamphlet. The answer he gives is, in his own words, as follows: "*Malaria cannot be anything other than a gaseous element, the result alone of the combination of the elements of decomposing dead organic materials*" (p. 91). It is thus seen that he at once disclaims allegiance to the germ theory, now the favorite one. The arguments by which he supports his view are carefully chosen and arrayed, and deserve attentive reading from those interested in the question.

**A Practical Treatise on the Surgical Diseases of the Genito-Urinary Organs, including Syphilis.** Designed as a Manual for Students and Practitioners, with engravings and cases.  
By W. H. VAN BUREN, A. M., M. D., etc., and E. L. KEYES, A. M., M. D., etc. New York, D. Appleton & Co. 1874. 1 Vol., 8vo, cloth. pp. 672.

This work will, we doubt not, receive a warm welcome from the profession. PROFESSOR VAN BUREN has long been one of the most popular teachers in New York city, and his views and treatment of the special department of surgery to which he has given such prolonged and enlightened attention have a right to command more than ordinary respect.

The work is divided into two parts. The first is upon the diseases of the genito-urinary organs, and the second on chancre and syphilis. The former occupies about two-thirds of the work, the latter the remainder.

Genito-urinary diseases embrace, first, those of the penis and urethra. Among the former, cancer, phimosis, and paraphimosis are the more important. Two chapters are devoted to

gonorrhoea and its complications, and four to strictures of the urethra, their varieties and treatment. Diseases of the prostate and bladder are next considered, after which vesical calculus is studied, with the various operations for lithotomy and lithotripsy. Diseases of the kidney, ureters, scrotum, testicles, and cord, each receives a chapter, and a series of sound remarks is made upon those opprobria of scientific medicine, spermatorrhea, masturbation, impotence, and nocturnal pollution.

In the second part the chancre and true syphilis are considered separately, and the modes of communication and diagnosis of the latter are very thoroughly exposed. After the general treatment of the disease has been stated, in which the authors declare for an intelligent use of mercury and iodine, the local manifestations of the disease in the skin, mucous membranes, eye, ear, special tissues, viscera, and nerves, are examined in separate chapters, the whole concluding with a section on inherited syphilis.

From this brief reference to the plan of the work, it will be seen that it covers a wide and important field in surgery. A complete index is added, and one hundred and thirty-four illustrations are inserted in the text. The paper and presswork are of that superior character which mark most of the publications of the Messrs. Appleton.

**Lectures on the Diseases of Infancy and Childhood.** By CHARLES WEST, M. D. Fifth American, from the sixth revised and enlarged English edition. Philadelphia, Henry C. Lea, 1874. 1 vol., sheep, 8vo, pp. 678.

For more than a quarter of a century "West on Diseases of Children" has been a familiar book in the libraries of both English and American practitioners. The charming style, as well as the judicious advice and wide experience of the author have secured it a success and prolonged life granted to few medical works. The present edition, though not materially enlarged, has been closely revised, and much of it rewritten. It presents the fruits of a more extended experience, and gives the verdict of its author on the changes and new remedies which have been introduced into infantile therapeutics during the last seven years. Those who have a copy of the former editions and esteem it, will not regret purchasing this one.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 13, 1874.

D. G. BRINTON, M.D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief as possible to do justice to the subject, and carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

### OUR MEDICAL SERIALS.

Our serial publications are the weekly MEDICAL AND SURGICAL REPORTER; the HALF-YEARLY COMPENDIUM OF MEDICAL SCIENCE, published each January and July, constituting a *supplement* to the REPORTER, not repeating any article contained in the latter, and giving a carefully condensed view of the progress of all branches of medical science throughout the world each six months; and the PHYSICIAN'S POCKET RECORD AND VISITING LIST, published annually.

The terms of these are as follows, payable in advance.

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Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF  
THE MEDICAL AND SURGICAL REPORTER,  
115 South Seventh Street,  
PHILADELPHIA, PA.

### THE STUDY OF PATHOLOGY.

What attaches any interest to single facts in science, is not the character of the facts themselves, however curious, novel or peculiar these facts may be, but it is the force with which they illustrate some general law. In looking over the reports of the numerous pathological societies which are printed in our own and foreign medical journals, it would appear that many of the members consider their duty done when a specimen is produced, described, and laid on the table.

Now a catalogue of the peculiarities of a pathological specimen is invariably jejune, un-instructive and uninteresting, unless some history of the case be given, some details of symptoms, and also the connection be exhibited between the special abnormalities of this specimen and the general law of morbid changes.

Pathology, in its broadest sense, carries us into the most intricate and subtle spheres of thought. Regarded in its widest meaning, it embraces the profoundest enigma with which the human mind can grapple, to wit, the nature of *evil*. For every divergence from perfection, every falling short of the ideal form, every mark of decay, every lesion in organic life, is a *pathological* phenomenon. And it is indifferent, here, whether we look on the mental or the physical world, for we are beginning to learn that any distinction between the two is a fictitious one, for the sake of convenience only, and not true in fact; just as we speak of the inner and outer aspects of the arc of a circle, though absolutely the same line forms both.

Pathology, in this sense, has been studied by no one so admirably as JOHN HUNTER, and he it was, in fact, as has been fully recognized by BUCKLE, in his *History of Civilization in England*, who first showed it embraces so broad a field of inquiry. HUNTER's was one of those gigantic minds which seek to hang every fact on some general law, and to recognize in each isolated specimen the microcosmic picture of the universe. Such intellects are rare, and in the

mass of detail which is now heaped upon science, are likely to be rarer.

Pathology, we have intimated, is not to be regarded as merely a product of disease. Such was not HUNTER's notion, and such is not the right one. In whatsoever points an organ falls short of the ideal perfection of such an organ, to that extent it is a pathological specimen. And just here we take a long step in advance of our fathers. In their days Bridgewater Treatises were published, at large expense, to show the wondrous perfection of the works of nature, and it was currently believed that this perfection once well set forth, no longer any doubt could be entertained but that nature is a work of design, by some unsurpassable Intelligence.

But alas for these monuments of erudition! Now DARWIN arises, and attacks the minor premise of this syllogism, by setting up the blind struggle for existence, the spontaneity of nature, and the doctrine of unconscious evolution, as all-sufficient to explain any appearance of intelligent design in organic beings; and HELMHOLTZ gives the *coup de grace* to what remains of the beautiful though fragile structure, by straightly denying that any such wondrous perfection of organisms exists at all, by showing, indeed, to quote his own words, that even that marvelous organ, the human eye, "regarded as a dioptric apparatus must be severely condemned as mathematically ill-constructed, and inaccurate, so much so that an artificial one on the same plan, and no more accurately adjusted, would be rejected by any physicist!"

The vaunted perfection of nature is far less, then, than we once thought it was. All the greater becomes the sphere of pathological inquiry. Everywhere we see the struggle toward perfect form and function; nowhere do we find it attained. Look close enough, and in every gem there lurks a flaw. The seeds of decay and death flourish in every soil, and the barren rocks themselves acknowledge their power.

This is the tremendous field of inquiry which

opens before the pathologist. The forms of beauty and divine skill which charmed the childhood of the world and instructed its youthful days, disappear before the more accurate insight of to-day, and reveal omnipresent traces of insufficiency, failure, and disease. This fair realm of living creatures seems no longer the handiwork of gods, but the bungling attempts of some "prentice hands." Man's mind, outstripping the material world around, knows, to a certainty, of a perfection of form no creature has yet attained, of an absolute adjustment of means to ends which creation cannot show, of a freedom from pathological manifestations which is not found in the objects with which our daily life deals. This enables him to see and to estimate the self-destructive elements in created things, and to group them under laws, which will ultimately, so far as any laws may, explain the weighty problems which underlie the questions of life, decay and death.

## NOTES AND COMMENTS.

### Therapeutic Notes.

#### TREATMENT OF OLD ULCERS.

The Roosevelt Hospital treatment of languid old ulcers is, that they are dressed with Labarraque's solution (liq. sodæ chlorinatæ) until the sore becomes surgically clean. The solution is to be diluted with water, according to circumstances. If then the granulations have a healthy appearance, the ulcer is strapped, and the limb bandaged. If the granulations become flabby and inactive, a dressing of balsam of Peru is applied, and over that straps and bandage. Grafting is resorted to in certain cases, when the ulcer is of some size, and, in this manner, a certain proportion are made to heal very rapidly.

#### BENZINE IN SEBORRHEA.

Mr. Canty, of Liverpool, in his late work on "Cutaneous Medicine," recommends, as the best solvent for sebum, benzole, used either pure or as a lotion. "If," he says, "there are collections in the convolutions of the ear, where instruments can only be inconveniently used, pure benzine, applied with a brush, will readily dissolve the sebum, leaving the central black

spot quite intact, as a pillar of dirt and hairs in a cavity. If used on the face, back, or shoulders, some camphorated oil, being added to ten times the quantity of almond oil. The mixture should be rubbed into the skin at night. In the morning the benzole lotion should be applied with a sponge or flannel, and afterward the parts well washed with warm water and soap." He gives the following formula:

R Benzole,	℥ss
Gum tragacanth,	℥ss
Aquæ.	℥vii.

We need not add that comedones or pimples on the face, so annoying to many young persons, are forms of seborrhea.

#### TREATMENT OF RANULA.

The Doctor says that in the case of a man, æt. 28, who suffered from ranula so large as to cause a tumor the size of a hen's egg beneath the jaw, Dr. Betz determined to make use of Dr. Kyll's method, and to put a hair suture into the tumor in the mouth, and bring it out in the neck. The mouth was frequently washed out with warm water. The patient was cured in about a year. Dr. Betz thinks that the opening of the fistula in the neck is certainly pleasanter for the patient than when it is made into the mouth. The chief point in this matter is not to take out the hair suture too soon, or relapse will take place.

#### "Domestic Medicine."

A writer in the Leavenworth (Kansas) *Medical Herald* gives the following prescription as one ordered by a neighbor of his in a case of capillary bronchitis:—

"R. Chamber lie and molasses equal parts give A Tablespoon every 2 hours until i come agane yours Dr. —"

P. S.—dont be afrade. It is a dedner on lung feavor."

#### The Prevention of Cicatrices.

In the Cincinnati *Clinic* Dr. Andre gives the subjoined case, illustrating an ingenious method of overcoming cicatricial contractions:—

In the Military Hospital of Constantinople, I attended a soldier cook, with an extensive scald in the third degree, on the right arm, forearm, and side. After the healing of the wound, the forearm was close to the arm in such a way that all the extension above the length of the fingers in flexion was impossible, the fingers in

this position reaching the deltoid. The nodular tissue extended over four-fifths of both arm and forearm.

To overcome the difficulty of motion I have proceeded in the following manner: With a *trois-quart explorateur* I made a series of perforations through the whole length of the cicatricial tissue, at the distance of two or three lines from each other. In each of these holes I introduced a silver wire of a good size, and left it in place. When those openings were healed, I made an incision through the whole cicatrix, following the line of the artificial openings. I placed the arm in extension, where it healed, and I obtained a complete success.

#### Medical Properties of the Ailanthus.

The ailanthus tree is well known as a shade tree in the eastern United States, familiar to all by its graceful foliage and the disgusting odor of its flowers, which latter quality has almost banished it from our gardens. According to Dr. Robert, chief medical officer of the French fleet in the Chinese seas, it is a valuable medicine in dysentery. He has found that in hot climates it gives results superior to those of ipecacuanha, calomel, and astringents, either with or without opium, and to the treatment by milk. The bark of the root is the only part used, and the mode of preparation is to make an infusion of about two ounces by weight in four ounces of water. The bark is lightly bruised, and the infusion is passed through a filter. The dose is a dessert-spoonful morning and evening, either by itself or in a cup of tea, for three days, great attention being at the same time paid to the diet. If, at the expiration of eight days, the affection is not cured, the treatment should be recommenced. The infusion is very bitter, and produces nausea, and if the above dose is doubled vomiting is induced. In four of Dr. Roberts' cases the ailanthus was given, with other remedies; in twelve others it was given alone, and a cure was always effected in from eight to twelve days.

#### A Sign of the Commencement of Diabetes.

Dr. Follet, in the *Revue des Sciences Médicales*, April 15, quoted in the *London Medical Record*, states that a lady, aged twenty-six, showed all the outward signs of the most robust health, but complained of feelings of weight after meals, accompanied by giddiness and hot flushes. But some of her finger and toe nails



had fallen off, leaving the subungual dermis covered with a fine pink epidermis, showing no change whatever. There was no trace of inflammation in the matrix around the circumference of the nails. The father of the patient, who was not syphilitic, had seen his nails fall off in the same way, without pain or suppuration; and eighteen months after the appearance of this accident, he died of diabetes. This information induced M. Follet to examine the urine of the patient, in which he found six grains of sugar to the litre.

In this case there was doubtless a circulatory disturbance analogous to that which, in more advanced cases of diabetes, brings on localized gangrene of the hands and feet.

#### The Ingestion of Broken Glass.

Giacomo Casanova, in his interesting though cynical *Memoirs*, relates that one of the most fatal substances administered by the Italian poisoners, was powdered glass. It is tasteless, easily disguised, and produces an irritation of the bowels, which leads to a certain though slow and apparently natural death. Yet at a late meeting of the California State Medical Society, Dr. Trafton gave the history of an insane patient, who swallowed various hard substances, but seems to have given preference to glass, and the fragments swallowed were of every shape, and with angles and edges natural to broken glass. That such bodies could be swallowed, and when swallowed, that they could traverse the intestinal canal, and without lacerating it fatally, no one could believe without such indubitable proof as appeared. The largest piece of glass was four inches in length. This fragment Dr. Trafton had traced through the abdominal parietes in its course. The patient recovered both health and reason.

### CORRESPONDENCE.

#### Foreign Body in the Rectum.

ED. MED. AND SURG. REPORTER:—

I send you an account of the following rare and singular case. At 12 o'clock on the night of the third of April, 1874, Mr. Charles C. Backus, a large well-formed man, over six feet in height, weighing about two hundred and twenty-five pounds, aged thirty-five years, a machinist by trade, and boarder at the Farmers' Hotel of this place, came to my door, called me up, saying that he had a curious case for me, and related

the circumstances as follows: While undressing for the night, on removing his clothing, his heel caught in one leg of his pants; losing his balance, he fell back and sat down into a chair standing behind him, the anus coming directly upon a whiskey tumbler standing bottom up in the chair. The tumbler, measuring one and three-fourths inches in diameter at the bottom, two and a half inches at the top, and two and three-fourths inches high, disappeared through the sphincter ani, passing into the rectum. The sphincter contracting again completely. Thinking he could remove it himself, he procured at a hardware store some pincers, and succeeded in getting hold of it, broke out a piece of glass from the rim four-eighths by six-eighths of an inch in size, leaving a sharp edge, cutting like a knife, bleeding at the time, from his own manipulations, as I afterwards learned, a common sized chamber vessel full. On his arrival at my office I found that the least dilatation of the sphincter ani caused blood to flow. After attempts with my fingers, forceps, and endeavors to introduce the whole hand to turn and remove it, the parts becoming very sensitive and irritable, I procured a bottle of ether, and walked with him to Dr. M. Goldsmith's office, related the circumstances to him, and, at his suggestion, had three tubes of suitable length, varying in diameter, made of tin, ends turned and perfectly smooth. The smallest to be first introduced through the sphincter ani, then over that the next size, finally the largest, and of a size suitable to slip over the rim of the tumbler and allow of its seizure with forceps, so that tumbler and tube might be brought out together. The patient left the office at two o'clock, A. M., walked to his hotel, laid down a short time, and even slept a little, and at 8 A. M., the hour designated, walked back to the office, remarking to me that it troubled him little, if any to walk, and the presence of the tumbler in the rectum caused no pain to speak of. With the assistance of Dr. M. Goldsmith and Dr. E. A. Pohd, after putting the patient under the influence of ether, which required a considerable quantity, the tubes were introduced, the smallest passing the sphincter very readily, the next size not so easy, the largest with considerable difficulty and not satisfactorily; it could not be made to engage the tumbler; the bottom or part uppermost, as it was situated, leaning towards the bladder, the rim and part from which a portion had been broken pushed back towards the sacrum. Fingers, forceps, and levers were again brought into requisition, and finally, by the introduction of the hand, the intestine, which was tightly contracted about the upper part of the tumbler, was pushed off, and the small end brought down; in short, the tumbler was turned, and then, with the assistance of a blunt hook, brought out, considerable blood being lost during the efforts at removal. The effects of the anæsthetic soon passed off, and the patient was carried to his hotel. Very soon he complained of great pressure and distress in the epigastric and hypochondriac region; pulse be-

came frequent and feeble; countenance pale. On the 14th, the next morning, I found him greatly prostrated; had vomited frequently during the night; pulse very rapid and feeble; extremities cold; extreme tenderness and pressure in the abdominal region. His death took place at two o'clock, P. M. The cause of his sinking so early was doubtless internal hemorrhage. Had the tumbler not been broken, it is quite probable his life would have been saved. A similar case is said to have occurred at Lyons, in France, and I understand a case was reported some time ago in this country. I would be glad if any one reading this article could give an account or refer to a report of any similar case that may have anywhere occurred.

GEORGE H. FOX, M. D.

Rutland, Vt., May 5th, 1874.

#### The Decimal Weights in Prescriptions.

ED. MED. AND SURG. REPORTER:—

In reading the journals the past year, I have been very frequently troubled to make out the correspondence between the metric and the apothecary systems of weights and measures. To avoid this I prepared a table on a piece of letter paper, which I now carry pasted on the inside of my pocket memoranda. Thinking that others also might be troubled in the same way, I send you my table for publication. Any one can prepare a similar table by getting his starting points from any recent chemistry or arithmetic, but it takes considerable time to do all the figuring.

My table is arranged thus:—

Troy.	Metric.
1-60 grain.	.001070 Milligramme.
1-48 "	.001350 "
1-32 "	.002025 "
1-20 "	.003240 "
1-16 "	.004050 "
1-12 "	.008100 "
1-10 "	.018200 Centigramme.
1-8 "	.021600 "
1-6 "	.032400 "
1-4 "	.064800 "
1-2 "	.129600 Decigramme.
3 "	.194400 "
4 "	.259200 "
5 "	.324000 "
6 "	.388800 "
7 "	.453600 "
8 "	.518400 "
9 "	.583200 "
10 "	.648000 "
15.4322 "	1 Gramme.
20 or scruple	1.296000 "
30 " drachm ss	1.944000 "
60 " drachm	3.888000 "
120 " drachm ℥j	7.776000 "
240 " ounce ss	15.552000 Decagramme.
480 " ounce	31.104000 "

To reduce Centigrade to Fahrenheit, multiply by 9 and divide by 5, then add 32.

To reduce Fahrenheit to Centigrade, subtract 32, then multiply by 5 and divide by 9.

#### Fluid Apoth.

Fluid Apoth.	Fluid Metric.
Minim 1.....	Cubic centimetres. 0.0616125
" 2.....	" 0.1232250
" 5.....	" 0.3080625
" 10.....	" 0.6161250
" 20.....	" 1.2322500
" 30.....	" 1.8483750

Drachm 1.....	8.8967500
" 2.....	7.3935000
" 3.....	11.0902500
" 4.....	14.7870000
Ounce 1.....	29.5740000
" 2.....	59.1480000
" 4.....	118.2960000
O 1.....	473.1840000
C 1.....	5785.4720000

— 3 Litres.

#### EXAMPLE OF PRESCRIPTION.

R Syr. ipecac, 59.1480 C. C. metres.  
Tr. gentianæ co., 73.9350 "  
Fl. ext. verat. viridis, 3.6967 "  
Brom. potassii, 3.8880 grammes. M.

Read, syr. ipecac, 59 and 148 thousandths cubic centimetres. Tr. gentianæ co., 73 and 935 thousandths cubic centimetres. Fl. ext. verat. viridis, 3 and 696 and  $\frac{7}{10}$  thousandths cubic centimetres. Brom. potassii, 3 grammes, 8 decigrammes, 8 centigrammes, and 8 milligrammes, or 3 and 88 and  $\frac{8}{10}$  centigrammes.

Another:—

R Opii pulvis .1944 grammes.  
Bismuth sub-nit. .7776 "  
Calomelanos .6480 " M.

Read, opii pulvis, 1 decigramme, 9 centigrammes, 4 and  $\frac{4}{10}$  milligrammes, etc. Three decimals are all that is used in actual work, but in all the multiplying, adding, etc., we have to run the decimals out.

Another:—

R Rhei. pulvis, 15.5520 grammes.  
Saponis, q. s. to make 120 pills.

Read, rhei. pulvis, 1 decagramme, 5 grammes, 5 decigrammes, 5 centigrammes, and 2 milligrammes, or 15 and 55 and  $\frac{2}{10}$  centigrammes.

Any one wishing to make a set of metric weights, can do so by weighing ten or more five-cent nickels, take the average one as the standard gramme. Make the one, two, five ten, and fifteen gramme weights out of lead. Make the decigramme weight corresponding, out of sheet zinc; the centigramme and milligramme out of platinum foil. The five milligramme weight ( $\frac{1}{20}$ , nearly, of a grain) is about as small a weight as can well be handled. Get them marked at a jeweler's, using only figures and the decimal point.

I made my fluid measure by taking a long, straight, lamp chimney. It is ten inches long and one in diameter, and has a sudden constriction one and one-half inches from the bottom, which is two inches in diameter. Into this I inserted a cork from the top, then run over and around it a tablespoonful of plaster of paris, which made a smooth, flat bottom, then I made a wood bottom, four inches square, and a half inch thick, and fastened it to the chimney by means of a long screw, through the bottom piece, up into the cork. Next, weigh carefully, and then add a five gramme weight to the weight pan; then balance with water in the chimney at 60° F. Now measure the distance to the surface of the water with a fine rule, and graduate from this 5, 10, 15, 20, 25, etc., with a

piece of quartz or diamond. At the top mark U. C. metres.

For the small fluid measure take a test tube, run into the bottom a little plaster of paris, and fasten it into a large cork for a bottom; weigh carefully, and add to the weights one gramme; balance with water, and graduate as in making the first measure. One gramme of water at 60° F., or 15.5° C., is one cubic centimetre. Lastly divide these cubic centimetres into tenths. These measures, being cylindrical, are more accurate than the old fashioned flaring ones. I would suggest that the manufacturers of physicians' visiting lists print on one of the fly leaves a table similar to the one above.

M. W. LILLY, M. D.

Grand View, Iowa.

## NEWS AND MISCELLANY.

### Medical Legislation in New York.

The following statute, entitled "An Act to Regulate the Practice of Medicine and Surgery, in the State of New York," was passed by the Legislature of that Commonwealth, May 11th.

SECTION I. Every practitioner of medicine or surgery in this State, excepting licentiate or graduates of some medical society or chartered school, shall be required, and they are hereby commanded, to obtain a certificate from the censors of some one of the several medical societies of this State, either from the county, district or State society; which certificate shall set forth that said censors have found the person to whom it was issued qualified to practice all of the branches of the medical art mentioned in it. And such certificate must be recorded in a book provided and kept for the purpose by the county clerk of each county in the State.

SEC. II. The censors of each medical society aforesaid shall notify all practitioners of medicine and surgery of the terms and requirements of this act, and shall request such persons, so notified, to comply with those requirements within thirty days after such notification; and if such persons shall not, within the time specified in the notice, or within such further time as may be allowed by special arrangement with said censors, not exceeding ninety days, comply with the requirements herein made of physicians or surgeons, as the case may be, such persons shall thereafter be subject to all the provisions and penalties prescribed by this act for any violation of the same, and the president of the society making such request shall, and he is hereby required to, at once commence the proceedings authorized by this act against such person.

SEC. III. It is hereby declared a misdemeanor for any person to practice medicine or surgery in this State unless authorized so to do by a license or diploma from some chartered school, State board of medical examiners, or medical society, or who shall practice under cover of a medical diploma illegally obtained; and any

person found guilty of such a misdemeanor shall, for the first offence, be fined not less than fifty nor more than two hundred dollars; for any subsequent offence, not less than one hundred nor more than five hundred dollars, or by imprisonment not less than thirty days, or by both imprisonment and fine; and all such fines shall go into the county treasury of the county bringing such action.

### Albany Medical News.

—Dr. James McNaughton, President of the Medical College, sailed last week for Scotland, to be absent four months.

—A new Medical College, called the Capital City Medical College, has effected an organization of officers and faculty, but it is doubtful if they go further at present. It was organized under the supposition of the death of the old Medical College, which seems to have suddenly rejuvenated, from the stimuli of threatened opposition.

—O. C. Cobb, of West Troy, who was convicted and fined five hundred dollars for sending obscene matter through the mails, has received the appointment of jail physician of that city. Why this man, who holds a diploma from a regular College, and is a member of the Albany county Medical Society, should not be expelled, is a mystery, unless it be from personal friendship by some prominent members of the Society. The respectability of any Medical Society is materially lowered when it retains such men as members in good standing.

—Drs. Samuel H. Freeman and John V. Lansing, of Albany, and Alexander M. Vedder, of Schenectady, have been appointed pension examining surgeons at Albany.

—The scheme to use the water of the Hudson river for all purposes, has passed, in spite of a general protest of all the medical men. The work of putting down the pipes and pumping engines has begun. The water is to be taken from the river opposite the city. The result will be a rapid increase in typhoid fever and cerebro-spinal meningitis, and flush times for medical men.

### A Monument to Eustachius.

Professor Virchow has written a letter calling on medical men to subscribe in aid of a monument, to be erected to Eustachius, in his native village, San Severino, near Salerno. The discovery of the Eustachian tube, of the suprarenal capsules, and of the thoracic duct, and the exact demonstration of so many portions of neurology, splanchnology, and myology, designate Eustachius, in the history of the progress of science, as a helpmate of Vesalius and an anatomist of wondrous insight.

### Excessive Morality.

It is not often that in these days we have to complain of government officials being "right-

eous overmuch." But we can do so on learning, from the last number of the *American Journal of Pharmacy*, that a druggist was recently found guilty and fined, under the Act of Congress, for sending by mail obscene articles, because he had thus forwarded to a customer a female syringe.

#### Personal.

—We regret to announce that on May 23d Mrs. Maria R., wife of Dr. C. E. Brown-Séguard, died at her residence, in New York City, after a long and painful illness. Mrs. Brown-Séguard was the daughter of the late George Carlisle, of Cincinnati, and was forty-four years old.

—Most prominent among the victims of the flood at Williamsburg, Mass., was Dr. E. M. Johnson, 36 years of age. He was seen rushing out of his home toward a place of safety, with two of his three little children, his wife, who was a native of Frederick, Md., carrying the other, but the whole family were overtaken by the flood and lost together. He formerly lived at Feeding Hills, and graduated at the New York College of Physicians and Surgeons in 1862.

—Miss Jacobs, the first woman-doctor in Holland, has just passed her examination. She obtained her diploma at Gröningen.

—"Dr." Spillassy, a Fourth Ward, New York, corn doctor, became excited in a discussion with a patient, a week or two since, and thrust his corn knife into the patient's shoulder, inflicting a dangerous wound.

#### QUERIES AND REPLIES.

##### Ergotin.

*Dr. E. R. S., of Ill.*—Your inquiry as to what Ergotin Dr. Read employs in his treatment of cerebrospinal meningitis, has been referred by us to him. He replies: "It was partly of French manufacture, Bonjean's, and partly of American make, Powers & Weightman's, of Philadelphia. The cases were about equally divided in this respect, both in number and in the gravity of the symptoms."

##### Rectal Stricture.

*MR. EDITOR:*—Rev. M. P. O. suffered for 20 years with hemorrhoidal tumors, situated at the middle of the lower third of the rectum, which invariably prolapsed at every defecation. Five years ago he was operated upon by Dr. —, which operation resulted in stricture, rendering defecation impossible without injections. A No. 16 bougie barely passes by using considerable force. Can anything be done for his relief?

ILLINOIS.

##### Elixir of Pepsin, Bismuth and Strychnia.

*Dr. W. J. B., of Md.*—You will find several formulas for the preparation of this elixir, of various strengths, in the *HALF-YEARLY COMPENDIUM*, for July, which will be ready in a fortnight.

##### The Wheel Crutch.

Professor Panceast informs us that the maker of the wheel crutch is Mr. Darrach, Essex Co., N. J. Mr. Gemrig, of 109 South Eighth street, is his agent here. Our correspondent can address either Mr. Gemrig or Mr. Darrach.

#### OBITUARY.

##### DR. C. M. BISHOP.

This gentleman died suddenly, on Thursday night, May 23, at his residence, in Manchester, York Co., Penna., aged sixty-four years, one month, and nine days. He was attacked while at breakfast, on the morning of the day mentioned, with apoplectic symptoms, and became at once unconscious. He was born in Baltimore, Md., commenced practice in 1838, and continued in Manchester as a successful physician to the day of his death. He was much respected by the community, and leaves a widow and one child.

#### MARRIAGES.

**HAMILTON—CRAIG.**—At St. Paul's Church, Baltimore, by Rev. Dr. Hodges, May 21, 1874, Allan McLean Hamilton, M. D., of New York, and Miss Florence Rutgers Craig, daughter of the late Pinckney Craig, of Tallahassee, Fla.

**JOHNSON—DE ANGELIS.**—At St. Peter's Church, Rawdon, England, on May 13, by Rev. Robert Howard, Thomas Mason Johnson, M. D., of Salford, Manchester, and Julia, daughter of the late Gideon De Angelis, of New York.

**MAHON—STEVENSON.**—On Thursday morning, May 21, at St. John's Episcopal Church, Carlisle, Pa., by the Rev. W. C. Leverett, Rector, Irwin Mahon, Esq., of Philadelphia, and Miss Maria B. Stevenson, daughter of Dr. T. C. Stevenson, of Carlisle.

**MYERS—TOBIAS.**—On the 27th ult., in Cincinnati, by Rev. J. J. Lyons, Elijah Myers and Ellen, daughter of Dr. S. I. Tobias.

**NELSON—MOORE.**—At Wells River, Vt., April 22, by Rev. Wm. S. Palmer, James R. Nelson, M. D., and Lillias A., youngest daughter of Samuel A. Moore, Esq., both of Wells River.

**STEVENS—GWYNNE.**—On Thursday, the 28th ult., at the house of William O. H. Gwynne, in Vineland, N. J., by the Rev. E. R. Beadie, D. D. A. H. Stevens, M. D., and Ara B. Gwynne, all of Philadelphia.

#### DEATHS.

**BROWN-SÉGUARD.**—May 23, at 10 P. M., Maria R., wife of Dr. C. E. Brown-Séguard, and daughter of the late George Carlisle, Cincinnati, Ohio, aged 43 years and 11 months.

**BULL.**—In this city, on the evening of the 28th ult., Emma R., wife of H. Heber Bull, and daughter of the late Lorenzo N. Henderson, M. D.

**LEWIS.**—At his residence, in Trumansburg, Tompkins County, N. Y., May 12th, 1874, Dr. J. De los Lewis.

**MITCHELL.**—On May 18, Elizabeth Kearsley Mitchell, eldest daughter of the late John Kearsley Mitchell, M. D.

**FEASE.**—In Williamsburg, Clermont County, Ohio, on Sunday night, May 24th, of disease of the heart, Dr. L. T. Fease, in the 68th year of his age.

**SAVAGE.**—In Covington, Ky., May 23, 1874, Kate Savage, daughter of Dr. Geo. S. Savage.